

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51		/		
2		/					52		/		
3		/					53		/		
4		/					54		/		
5		/					55		/		
6		/					56	/			
7		/					57	/			
8		/					58		/		
9		/					59		/		
10		/					60	/			
11		/					61	/			
12		/					62		/		
13		/					63		/		
14		/					64		/		
15		/					65	/			
16		/					66	/			
17	/						67				
18		/					68				
19		/					69				
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24		/					74				
25	/						75				
26		/					76				
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31	/						81				
32		/					82				
33		/					83				
34		/					84				
35	/						85				
36		/					86				
37		/					87				
38		/					88				
39		/					89				
40		/					90				
41	/						91				
42		/					92				
43		/					93				
44	/						94				
45		/					95				
46		/					96				
47		/					97				
48		/					98				
49		/					99				
50		/					100				
TOTAL IND.	13	↓		↓		↓	TOTAL IND.		↓		↓
TOTAL DEP.	53	←		←		←	TOTAL DEP.		←		←
TOTAL CLAIMS	66						TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS